

# COUNTY OF LOS ANGELES

## PRE-PLACEMENT WORK ORDER

Job Title \_\_\_\_\_ Item Number \_\_\_\_\_

Name of  
Examinee: \_\_\_\_\_  
Last First MI

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Requesting Dept \_\_\_\_\_ Dept Number \_\_\_\_\_

Ordered by \_\_\_\_\_ Order Date \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_